

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0005247

Registration District No.

Primary Registration District No.

1000

Registrar's No.

231 110

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117

2 7000

3

4 0

5 1

6

7 0

8 2

9 1/63x

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

I. I. Rosenthal, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Joseph,

Length of stay in 1b

4 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Meth. Hosp. & Med. Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

TOWN Kansas City,

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2929 Buchanan

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WILLIAM

C.

COONS.

4. DATE
OF
DEATH

Month

Day

Year

February

23,

1964

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 26, 1910

9. AGE (last birthday)

53

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Dirks Lumber Co.

11. BIRTHPLACE (City and state or country)

Orrick, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Coons

13b. MOTHER'S MAIDEN NAME

Addie Hall

14. NAME OF HUSBAND OR WIFE

Dorothy Coons

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Dorothy Coons-Kansas City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatous

INTERVAL BETWEEN
ONSET AND DEATH

3 months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinomatous Right Lung

DUE TO (c)

5 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Idiopathic Epilepsy

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at

2-19-64

to 2-23-64

and last saw her alive on 2-22-64.

3:30 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Irwin Rosenthal M.D.

St Joseph Mo

2-26-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Feb. 25, 1964

23c. NAME OF CEMETERY OR CREMATORY

Moxley Cemetery

23d. LOCATION (City, town, or county)

Easton, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

Mar. 3, 1964

Mr. Charles Goodell

(Licensed Embalmer's Statement on Reverse Side)

FAST-000

10 10011 100

Permit issued 2-24-64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Kelly

Licensed Embalmer No. 3220

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.